and physicians, suppliers and other individual providers eligible to participate in the Medicare program.

- (h) Medicare supplemental insurance plan. A Medicare supplemental insurance plan is an insurance, medical service or health plan primarily for the purpose of supplementing an eligible person's benefit under Medicare. The term has the same meaning as "Medicare supplemental policy" in section 1882(g)(1) of the Social Security Act. In addition, consistent with 42 CFR 403.206(c), a Medicare supplemental insurance plan may consist of two policies issued in conjunction with one another, one by a nonprofit hospital association and the other by a medical association, in cases in which state law prohibits the inclusion of all benefits in a single policy.
- (i) No-fault insurance. No-fault insurance means an insurance contract providing compensation for health and medical expenses relating to personal injury arising from the operation of a motor vehicle in which the compensation is not premised on who may have been responsible for causing such injury. No-fault insurance includes personal injury protection and medical payments benefits in cases involving personal injuries resulting from operation of a motor vehicle.
- (j) *Third party payer*. A third party payer is an entity that provides an insurance, medical service or health plan by contract or agreement. It includes:

(1) State and local governments that provide such plans.

- (2) Insurance underwriters and private employers (or employer groups) offering self-insured or partially self-insured and/or partially underwritten health insurance plans; and
- (3) Automobile liability insurance and no-fault insurance carriers.
- (k) Third party payer plan. A third party payer plan is any plan provided by a third party payer, but not an income supplemental plan or workers compensation plan.

(1) Uniformed Services beneficiary. For purposes of this part, a Uniformed Services beneficiary is any person who is covered by 10 U.S.C. 1074(b), 1076(a), or 1076(b). For purposes of §220.11 (but not for other sections), a Uniformed Services beneficiary also includes ac-

tive duty members of the Uniformed Services.

[57 FR 41103, Sept. 9, 1992]

PART 221—DEPARTMENT OF DE-FENSE PARTICIPATION IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)

Sec.

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221.2 Applicability and scope.

221.3 Definitions.

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AUTHORITY: Public Law 99-660, title IV (44 U.S.C. 11131-11152).

SOURCE: 55 FR 50321, Dec. 6, 1990, unless otherwise noted.

§221.1 Purpose.

This part:

- (a) Establishes DoD policy, assigns responsibilities, and prescribes procedure for implementing Public Law 99-660, title IV and the objectives of the Memorandum of Understanding (MOU) between the Department of Health and Human Services (DHHS) and the Department of Defense, September 21, 1987, which outlines the DoD's participation in the National Practitioner Data Bank (NPDB).
- (b) Specifies the content of confidential reports to the NPDB established under part B of Public Law 99-660, and reporting responsibilities.

§ 221.2 Applicability and scope.

This part applies to:

- (a) The Office of the Secretary of Defense (OSD) and the Military Departments (including their National Guard and Reserve components). The term, "Military Departments," as used herein, refers to the Army, the Navy, and the Air Force.
- (b) Healthcare personnel who are in professions required to possess a license under DoD Directive 6025.6 ¹ and/or who are granted individual clinical privileges.

¹Copies may be obtained, at cost, from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.